

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-022869
STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **149**

Primary Registration District No. **100.2** Registrar's No.

3324

FILED JUL 16 1962

1. PLACE OF DEATH

a. COUNTY

Jackson

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Kansas City**

Length of stay in 1b

20 yrs

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION **Forest Ave. Nursing Home**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Jackson

Inside Limits
Yes ☒ No ☐

c. CITY

OR
TOWN **Kansas City**

Reside on Farm
Yes ☐ No ☒

d. STREET
ADDRESS

3613 Hardesty

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Jessie

Bell

4. DATE OF DEATH

Month

Day

Year

6

21

62

5. SEX

Male

6. COLOR OR RACE

Negro

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

1-29-21

9. AGE (last birthday)

41 Yrs.

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Unemployed

10b. KIND OF BUSINESS OR INDUSTRY
Unemployed

11. BIRTHPLACE (City and state or country)
Little Rock., Ark.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Robert Bell

13b. MOTHER'S MAIDEN NAME

Emma Gaines

14. NAME OF HUSBAND OR WIFE

None

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, go, or unknown) (If yes, give war or dates of service)
No

16. SOCIAL SECURITY NO.
None

17. INFORMANT

A. G. Sanders Address
411 S.E. 6th
Mineral Wells, Texas

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Hypostatic pneumonia -
Bleeding esophageal varices
enlarged liver -

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☐

20a. ACCIDENT

SUICIDE

HOMICIDE

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from **6/19** to **6/21** and last saw her/him alive on **6/20**

Death occurred at **6:45 AM** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or title)

22b. ADDRESS

3900 Paseo K M

22c. DATE SIGNED

6/21/62

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE

6-26-62

23c. NAME OF CEMETERY OR CREMATORY

Lincoln

23d. LOCATION (City, town, or county)

Kansas City, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Jones & Stevens 2315 Linwood

25. DATE RECD. BY LOCAL REG.

6-25-62

26. REGISTRAR'S SIGNATURE

Ruth H. Long

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

BY AFFIDAVIT OF

James E. Griff

DOCUMENT

DATE AMENDED

VS 300
Rev. 4/59

1

2 **588**

3

4 **2**

5 **2**

6

7 **1**

8 **0**

9581.0

10

11

1286-2

13

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Laurence C. Jones

Licensed Embalmer No. 4429

P. O. Address 2315 Fenwick
R.C. 9 Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.